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## BIBLIOGRAPHICAL NOTICE.

*A System of Practical Medicine, comprised in a series of Original Dissertations.* Arranged and edited by ALEXANDER TWEEDIE, M. D., F.R.S., Fellow of the Royal College of Physicians, Physician to the London Fever Hospital, and to the Foundling Hospital, etc. Vol. I. Philadelphia: Lea & Blanchard. 1840.

THE "System of Practical Medicine" is the first series of a work entitled the "Library of Medicine," now publishing in England, under the direction of Dr. Tweedie. The design of the "Library" is to supply the medical literature of Great Britain with "a comprehensive system of medicine, embodying a condensed, yet ample view, of the present state of the science." In our own country, the want of such a work, at least on the practice of medicine, has been for some time much felt, for, however valuable some of our elementary treatises on the subject may be, they are far from affording that complete yet condensed information which it is so desirable to meet with in consulting a work of the kind. The first series of the work before us, or that comprising the system of Practical Medicine, has been completed in England in five volumes. Two of these volumes have been republished in this country, and a third is in the press. The first volume, to which our present notice will be confined, treats of fevers, and diseases of the skin. The work opens with a pathological introduction, from the pen of Dr. Symonds, occupying sixty pages. In this short space the author has given us a most masterly summary of the prominent facts and principles of general pathology. He has presented to us a brief, yet comprehensive sketch of the characters of congestion, inflammation, the different morbid secretions, heterologous formations, &c. calculated to afford the reader definite conceptions of the nature of these processes, as far as facts enable us to understand them. Such an account of the elementary forms of morbid action is particularly

important to the student during the earlier part of his studies, and the want of it is often very embarrassing to him.

The subject of inflammation is separately and much more fully treated of in the following dissertation, and that it is ably and impartially handled, is sufficiently guaranteed by the fact that the dissertation in question is from the pen of Dr. Alison.

We are next presented with an account of the "general doctrines of fever," and of "continued fever," for which we are indebted to Dr. Christison. This gentleman is an advocate of the primary or essential nature of fever. With his general train of reasoning in support of this opinion, we perfectly coincide. Whilst he admits on the one hand that the essentialists have neglected too much the local affections which occur in fever, he thinks, on the other, that the non-essentialists have exaggerated their importance. However much the essentialists may have neglected these local affections, this neglect is no necessary consequence of the doctrine of the primary nature of fever. Its enlightened advocates should be as anxious as any others, in the treatment of a case, to diminish or dissipate local determinations, and never, for a moment, to lose sight of the local lesions which modern investigations have discovered. On the other hand, the advocates of the doctrine that fever is secondary and dependant upon inflammation, are necessarily led to measure the value of depletion and other remedies, by the influence they are calculated to exert upon the local affection, and consequently to exaggerate the importance of some, and depreciate that of other therapeutic agents. The difference in the effects of remedies, in fevers and inflammation, is, in our opinion, one of the strongest proofs of the essentially different nature of these two classes of diseases, and might with advantage have been added by Dr. C. in his summary of arguments. Continued fever he describes under the three forms of synocha, synochus, and typhus. Dothenenteritis, or the typhoid fever of Louis, he considers as a secondary affection, occasional-

ly occurring in the course of true typhus, though at the same time he admits that it may have an independent existence. By thus confounding together two distinct diseases, viz., typhus and typhoid fever, and describing both under the general head of continued fever, Dr. C. has necessarily been led into considerable confusion, both as regards facts and reasonings, since what is perfectly true of one disease may not be so of the other. With this exception it strikes us that the dissertation in question is exceedingly well drawn up, and well worthy of the high reputation of its author. The American student should recollect, however, that it is mainly applicable to true typhus, and not to typhoid, or the common continued fever of this country.

Plague, intermittent, remittent, and yellow fevers have been assigned to Dr. Shapter, infantile remittent to Dr. Locock, and hectic fever to Dr. Christison. The dissertation of Dr. Locock on infantile gastric remittent fever is particularly worthy of attention. The account of small pox is drawn up by Dr. Gregory; that of measles, as also of scarlet fever, by Dr. G. Burrows. Next to these comes the history of puerperal fevers, in which the pen of Dr. Locock again comes into play. This gentleman has, independent of private practice, had vast opportunities of becoming practically acquainted with the subject, having been for nearly eighteen years attached to a very large lying-in hospital. He thinks that the fever of puerperal women is not always the same, and that it is not invariably characterised by any uniform local lesion. He hence objects to the terms peritonitis, &c. and prefers that of puerperal fevers, which compromises no opinion as regards their nature.

The concluding chapter on diseases of the skin, and occupying nearly a hundred pages, is written by Dr. Schedel, of Paris, a name well known to those who are at all conversant with this branch of medical science.

Our limits of course will not allow of our attempting an analysis of the statements and opinions of the different writers in the volume before us. The several dissertations of which it is composed are eminently practical in their tendency, embodying in the main a full and impartial account of what is known in reference to the various subjects treated of, unobscured by the mass of absurd speculations which so of-

ten disfigure medical productions. It is a work which should be in the hands of every student and young practitioner, for nowhere else, we think, will he find, in the same space, the same amount of useful information in reference to the history and treatment of disease. The American edition is exceedingly well got up, on good paper, and with a larger type than that employed in the English edition.

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## DOMESTIC.

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### NEW YORK HOSPITAL.

*Case of Injury of the head, paralysis of the left side; coma. Death on the ninth day. Laceration of the brain, extravasation in the centre of the right hemisphere. Pneumonia.*—Robert Kerr, a native of Scotland, aged 30, was admitted moribund, January 5th, 1840, and died in ten hours after admission. Those who brought him to the hospital stated that while at sea, eight days before admission, he had fallen from a yard-arm, and that he had remained insensible ever since, with total loss of power of the whole of the left side. He was examined five hours after death.

Externally he was marked by a bruise over the left eye, by a second on the right thigh, and a third and more extensive one over the left hip. The abdominal viscera were healthy, with the exception of the liver, which was of its natural colour, but much engorged with blood. Both lungs were congested and adhering by strong but recent attachments at their upper portion to the parietes of the chest. No fracture was observed in the skull; yet the cerebral substance appeared to have been lacerated, and about half an ounce of congealed blood was found at the seat of laceration in the central portion of the middle lobe on the right side.

*Case of Injury of the head with laceration of the scalp; coma approaching gradually. Death in six hours. Extravasation from rupture of a small vein on the surface of the brain.*—Joseph McMahon, a native of Ireland, aged 28, a carpenter, was admitted late at night on the 8th of June, apparently intoxicated, but able to give a confused account of himself. He had recently been injured probably by a fall. A very small lacerated wound was observed upon his scalp. This was dressed by the house-surgeon, and the patient thus left for the night. The inmates of the ward stated that he appeared soon afterwards to fall asleep, and to breathe heavily. He was found dead at the early visit on the following morning.

No fracture could be discovered in the skull, although carefully examined. About eight ounces of blood had been extravasated, forming a layer of coagulum under the serous envelopes on the surface of the right hemisphere,



and reaching to the base of the brain. The blood had escaped from an evident rupture of one of the small veins, ramifying between the convolutions on the upper and central portion of the right hemisphere.

*Case of Apoplexy. Death within ten hours of the attack. Disorganization of the cerebral substance at the centre and base of the brain; extensive extravasation filling the ventricles.*—John E. Williams, of Pennsylvania, a boatman, aged 23, was admitted in a state of insensibility, towards evening, June 26th. A few hours previous to admission, while standing in the street, he had been suddenly seized with an apoplectic fit, for which he had been bled without relief. Counter irritants and revulsives were employed after his admission; and the house-surgeon again bled him in the evening. He continued to sink, however, and died towards midnight. He was examined about twelve hours after death.

The configuration of the body was that of an athletic man, moderately fleshy, and well developed. The left ventricle of the brain was distended with a clot of blood, which on the lower surface appeared gradually to mix with the softened and disorganized cerebral substance, that forms the floor of the ventricle. The right ventricle was also distended with blood, but the walls of this cavity were apparently healthy. The coagulated and grumous blood filled, also, the third and fourth ventricles. The substance of the brain around the tubercula, quadrigemina, upper and posterior portion of the medulla oblongata, and upper anterior portion of the cerebellum, was softened and disorganized, and in places intermixed with grumous blood. The medullary mass, where not thus broken down, was even less vascular than natural, and of a remarkably hard and tough consistence. The membranes of the brain were unusually dry.

*Remarks.*—It was subsequently ascertained that this young man, though not subject to intoxication, was habituated to high living, and that not long before his death he was known to have had one or two epileptic fits. On the morning of the day upon which he was seized with apoplexy, he appeared to be in perfect health. During the day, which was excessively warm, he had exerted himself in preparing his boat for a pleasure excursion.

*Case of Fracture and depression of the sternum; injury of the back; general paralysis. Death in 48 hours. Extensive laceration of the pericardium; contusion of the heart; laceration of the right lung; fracture of one of the ribs; fracture of the fifth cervical vertebra.*—Ira Boarman, of Massachusetts, a seaman, aged 36, was admitted at noon on the 25th of March, having about two hours before admission, while standing near the hatchway of a ship, been struck on the chest by a bundle of hay, and precipitated into the hold, falling about twenty feet, and

striking with his back against some bars of iron.

At the time of admission he possessed neither sensation nor power of motion in any part of his body below the diaphragm; the upper extremities were paralyzed, but retained their sensibility in all parts above the elbows; and soon after admission he began to complain of severe pains in his arms. His breathing was somewhat impeded, but his voice was strong and clear; his pulse was apparently natural at first, but afterwards became intermitting and irregular; the temperature of the body was about that of health. He could only lie flat upon his back; the slightest movement of his head or body gave him excruciating pain, and consequently it was difficult to determine the exact seat of injury on his back. The integuments over the sternum were not broken; there was some infiltration beneath them, and the bone itself was depressed.

He continued in this condition, breathing with tolerable freedom, and when left quiet, complaining of but little pain during the rest of the day. On the following day his bowels became tympanitic, he was unable to void his urine or fæces; his respiration more embarrassed, and his pulse intermitting. His urine was drawn off by the catheter, and his bowels moved by a stimulating enema. He sunk very gradually, and died about forty-eight hours after the accident.

The cellular tissue over the sternum was injected with blood; a comminuted fracture of the sternum, with depression, was detected between the second and third ribs. The anterior portion of the pericardium was lacerated longitudinally throughout almost its whole extent. A contusion, apparently with a superficial abrasion, about as large as half a dollar, was observed in the anterior wall of the right ventricle of the heart itself. Considerable ecchymosis existed under the serous surface of the pericardium, but no blood was found in its cavity. The lower lobes of both lungs were much engorged with blood. There was a laceration about an inch and a half long in the posterior part of the upper lobe of the right lung, caused by fracture and depression of the third rib at that point. The cavities of the pleura were free from blood. A fracture was found extending through the body of the fifth cervical vertebra.

*Remarks.*—The extensive injury of the pericardium, and contusion of the walls of the heart in this case, were not anticipated before the examination: the state of the circulation, and the patient's general symptoms, gave but very equivocal evidence of these injuries.

In the following case of fracture of the sternum, without very evident injury of the heart, the patient died almost immediately after the accident.

*Case of Fracture and depression of the sternum; compound fracture of the leg. Death in*

about one hour. *Extravasation into the cavity of the pleura; laceration of the liver.*—Thomas Matthews, an Irish seaman, aged 25, was admitted on the 23d of May, having recently been precipitated from the topmast of a schooner, striking as he descended against the bulwarks of the vessel, and falling into the river. When admitted he was wet and cold, and no pulse could be detected at the wrist. He was sensible, however, and requested to be turned on his side, as it gave him great pain to lie on his back. No reaction followed, and he died in about an hour after the accident.

He had suffered a compound fracture of the right leg; the sternum was fractured at its upper third, and the lower portion had been driven inward so as to lacerate the pleura. The cavity of the pleura contained a great quantity of blood. The left lobe of the liver was lacerated.

*Case of Tumour on the chest, connected with the caries of one of the ribs. Erysipelas, pleuropneumonia, and pericarditis supervening in the progress of the case, and leading to its fatal termination.*—John McClaron, an Irishman, aged 42, seaman, of good constitution and temperate habits, was admitted on the 14th of February, on account of a swelling that had existed several months on the left side of his chest, and that had of late given him much pain, and prevented him from attending to his occupation.

A flattened tumour scarcely elevated enough to be at first glance perceptible, existed on the left lower and posterior portion of the chest near the angle of the ribs. By careful pressure over the centre of this, a small elastic and circumscribed swelling, about an inch in diameter, flattened, and apparently attached to the sixth rib, was detected; and one or two smaller swellings of similar character were afterwards discovered in the neighbourhood of this, all apparently connected with the rib. The bulging of the integuments caused by these small but deep tumours, gave to the surface the appearance of a flattened tumour, nearly circular, and about three inches in diameter. Pressure over this gave the patient no uneasiness. No evidences existed of any disease within the thorax. He could assign no specific cause for the swelling, but thought he might have formerly injured his side by a fall.

About the 1st of March, a puncture was made with a lancet through the swelling into the largest of the elastic tumours which appeared to be attached to the rib. Slight hæmorrhage, and trifling discharge of concrete matter, followed the puncture. The tissues above the rib were found to be thickened and consolidated. In a few days the wound began to suppurate, and the patient being now free from pain, left the hospital. The discharge, however, becoming gradually more abundant, he returned in ten or twelve days. The opening was now dilated, no diseased bone could be

detected; the sore was treated as a fistulous ulcer.

On the 22d of April, several small fragments of bone were found loose in the bottom of the fistula. The integuments were again divided so that the finger could be introduced, and the whole of the detached pieces, some of them nearly as large as peas, were carefully removed. The patient's general health was still very good, and in the course of a few days the wound had almost entirely closed.

May the 7th, having on the previous night been fatigued by setting up with a very sick patient, and having changed his room for a smaller one, in which he was exposed to the draught of a window, he was seized towards midnight with a severe chill; and on the following morning he was found with considerable pain. In the course of the day he was bled freely, took some cathartic medicine, and was put on the use of spiritus Mindereri. As he complained of pain in his side, the chest was examined, but gave no evidence of any marked disorder.

May 9th. Febrile excitement somewhat diminished; pain in the left side still continuing. Cups were applied to the chest, and the patient put on nauseating doses of Tart. Ant. dissolved in spts. of Minderer, to be repeated every two hours.

May 10th. Up to this date the symptoms were apparently indicative of pleuritis; but this morning the integuments over the left side of the chest were in a state of acute erysipelatous inflammation. He still complained of pain in the side, and now over the scrobiculus cordis, and of pains in other parts of his body. The spts. Mindereri and antimony were continued, and the inflamed surface was anointed with mercurial ointment.

May 11th. The general excitement still continuing, and his bowels being somewhat constipated, he was put on the following mixture. R Sulph. Magnes.  $\mathfrak{z}$ i. Tart. Ant. grs. viii. Aq. pluvial.  $\mathfrak{z}$ vij. Of this he bore without producing nausea,  $\mathfrak{z}$ ss. every two hours.

May 12th. This morning his general expression was haggard, his skin was bathed in perspiration, his pulse frequent and small; he had passed a restless night, and the pain in the chest was still severe. But much of this was attributed to the erysipelatous inflammation. His bowels still remaining constipated, he was directed Pulv. Purgans.  $\mathfrak{z}$ iss. Again cupped on the anterior part of the chest, and the antimonial solution continued. In the afternoon, the cathartic medicine not having as yet operated, a stimulating enema was administered which produced a small evacuation of fecal matter.

May 13th. Pulse full and less frequent, skin moist, pain abated, erysipelas subsiding. The cathartic medicine has produced no further action of the bowels. Suspend the antimonial solution, and have Sub. Mur. Hydrarg. grs. xx.



May 14th. Symptoms as yesterday. Bowels moved by an enema. In the evening he had an anodyne of Solut. Sulph. Morph. gtt. xx.

May 15th. Symptoms as before. Resume the spts. of Mindereri without the antimony. The little food that he had hitherto taken since the febrile attack, had been of the simplest kind. This afternoon his pulse was for the first time observed to intermit. Towards night he evidently grew worse; his voice became weak and feeble; his respiration hurried; his skin purplish, cool, and bathed in clammy perspiration. It was necessary to suspend the diaphoretic, and administer small portions of brandy toddy, made weak, which he continued to take through the night.

May 16th. Reaction again established; skin warm and dry; pulse full but intermitting. In the afternoon he was again threatened with approaching collapse. His bowels were moved by a stimulating enema, and during the night it was found necessary to resort again to the brandy.

May 17th. The patient evidently sinking; the erysipelas had entirely disappeared; but the whole of the integuments on the posterior part of the body were injected as if by the gravitation of venous blood, presenting an appearance precisely similar to that produced by stasis of blood in bodies that have been for some days dead. The inflammation on the surface had for several days prevented any attempt at exploration of the chest. But this morning the decrepitating sound was detected in the lower lobe of the left lung. He died about five o'clock, P. M.

*Post-mortem examination* nineteen hours after death. The pericardium was distended with serum, and its inner surface coated on all parts with a layer of plastic lymph, about a quarter of an inch thick, extended as well over the heart as over the free portion of the serous surface. The substance of the heart was in other respects healthy. The left lung was firmly united to the point of the chest opposite the diseased portion of the rib. The remaining portion of the pleura was free from adhesions, but it was coated like the pericardium with a recent deposit of plastic lymph that adhered to it very slightly. The cavity of the pleura contained about a pint of serum. The lower lobe of the left lung was in a state of red hepatization; the upper lobe was free from disease. The other viscera were to all appearance healthy.

The diseased rib near its angle was somewhat thickened, and rather broader than natural; and contained a deep notch on its upper edge large enough to admit the end of the finger, and extending rather more than half way towards the lower edge of the bone. The lower edge was rough and irregular, and was also marked by a smaller notch. The rib on the sternal side of these was also perforated by a hole on its outer surface. These irregularities

gave the bone the appearance of having once been fractured and afterwards united by callus. The dead fragments that had been removed through the opening in the integuments, had probably been exfoliated from the spots now marked by the deep notches. These notches were prevented from communicating with the cavity of the pleura, both by the periosteum, which was thickened and of a cartilaginous hardness, and by the firm adhesion between the lung and the side of the chest. This adhesion was evidently of ancient date.

*Remarks.*—This patient had not had the least cough during the whole of his disease, and his respiration was free from embarrassment until within a few days of his death. The disturbance in the circulation, the irregularity of the pulse, and the sudden sinking, with the severe pain over the region of the heart, gave at this late period the first suspicions of the inflammation of the pericardium which was detected after death. Had the extensive disease within the chest been evident at first, it would have been met by more active depletion; but it had been almost completely masked by the accompanying erysipelas. And it is worthy of remark that this superficial inflammation was as near as possible coextensive with the inflammation on the inner surface of the chest.—*Dr. Watson's Reports in New York Journal of Med. and Surg.*

*Case of Aneurism of the Aorta.*—James M'Guinnative, of Ireland, aged about twenty-six years—a stout muscular man, about five feet ten inches high—a stage driver by occupation, and of intemperate habits, was admitted July 2d. Stated that he had always been healthy up to last winter—that in January last, from exposure incident to his occupation, he took a severe cold, attended with cough and pain in one side, could not recollect which—that he was puked, purged, &c. and that he got better, but not entirely well. That he was able to go about in a short time, but continued to have a dry cough, attended with some dyspnoea, &c. which prevented him from resuming his occupation. That this state of things continued through the remainder of the winter and spring, and that he began to get worse about two or three weeks before he entered the hospital.

*Symptoms when admitted.*—*Surface*—skin in good condition, inconsiderable emaciation.—*Head*, normal.—*Thorax*—cough troublesome, occasional slight dyspnoea, inconsiderable mucous expectoration, pretty good resonance, and nothing unusual discovered by auscultation. Circulation not well distributed to the extremities—pulse eighty, small and feeble—no particular examination made of the heart.—*Abdomen*—tongue slightly covered with a whitish fur; appetite not good, but the stomach retained and digested very well whatever of food was taken; bowels, in a good condition, no

pain nor tenderness, upon pressure, in any part of the abdomen.

*Diagnosis* uncertain; most probably chronic bronchitis, consequent upon the cold taken last winter. Directed vegetable diet—cupping over the anterior parts of thorax—brown mixture, and mucilaginous drink. Found him at next visit somewhat relieved of the dyspnœa, but cough still troublesome. Brown mixture continued.

There being no manifest change in two days, he was ordered ung. tart. emetic, to free pulsation on anterior thorax; brown mixture to be continued.

A copious crop of pustules was produced in a day or two, when we discovered great force in the action of the heart, communicating a considerable impulse to the hand, and attended with acute pain upon pressure. Tinct. digital. was added to the brown mixture, and cups were applied to the præcordia.

The pain was mitigated by the cupping, but this great activity in the pulsation of the heart having continued unintermittingly for several days, and the dyspnœa, dry cough, and feeble pulse, which was very small considering the activity of the heart, still continuing, led us to believe that there was contraction of the left ventriculo-aortic valves, notwithstanding we could detect no morbid alteration in the sounds of the heart. We could not only easily account for the symptoms just named, upon the supposition of this lesion of the aortic semi-lunar valves, but we were compelled to suppose this or some affection of the aorta itself, which was not then indicated by any particular symptom. Brown mixture discontinued. Pulv. digital. gr. i. morning, noon, and night.

This was continued several days, when we were called to him early in the morning, and found him labouring under extreme dyspnœa—heart beating violently—pulse much fuller and stronger than we had ever seen it, and had only changed within a few minutes, as we were informed by the house student—surface cold, and covered with a cold perspiration; face livid and turgid with blood—eyes semi-closed, and pupils dilated—jugulars stuffed—total insensibility—brain evidently greatly engorged and oppressed with blood, and apoplexy seeming to be momentarily threatened. Before we reached the house, sinapisms had been applied to the breast and extremities, and an effort made to abstract blood; only two or three ounces could be obtained. A large orifice was immediately opened in the arm, and about thirty ounces of blood soon abstracted, with almost entire relief. His condition just described, together with the effect produced by thus rapidly diminishing the quantity of blood in circulation, confirmed us in the view which we had taken. These paroxysms continued to recur daily, and frequently two or three times a day, and always required the abstraction of blood before relief was obtained. We found

that relief was afforded more speedily and with the loss of a smaller quantity of blood, which became desirable from the necessity of its frequent repetition, by opening a jugular. So satisfied was he that blood-letting was his only source of relief, that he implored it as an act of mercy, when a paroxysm was about to come on.

A few days before death, the nature of the affection became apparent from an increased fulness which was observed to make its appearance, extending two or three inches by the side of the left edge of the sternum,—commencing at the top,—from a palpitation which became very obvious at the intercostal spaces of the part, and from his complaining of a “lump which choked him” about the top of the sternum. Death took place on the 8th of July, during one of the paroxysms already described.

#### *Examination of the Body Nine Hours after Death.*

*Head.* No cerebral symptoms having been observed since opening the jugular had been resorted to, this cavity was not examined.

*Thorax—Lungs.*—Pulmonary veins partially engorged with very black blood—normal in every other respect, save interlobular emphysema which was pretty generally present throughout the lungs. *Heart.*—Right auricle and ventricle contained fibrinous concretions—the auricle containing also a coagulum of black blood—while the ventricle was almost entirely filled with an opaque, firm concretion, which adhered with some firmness to the columnæ carneæ; there was also a dark coagulum in the left auricle, but the left ventricle was empty. No particular lesion of the heart was discoverable, save a slight hypertrophy, without dilatation, of the left ventricle. *Aorta.*—At its arch we found an aneurismal sac, a cylindroid in shape, about two and a half inches in length, and two in diameter. It contained a small opaque coagulum, and probably others, but wishing to preserve it entire we did not lay it open. By the whole of its posterior surface it adhered very firmly, indeed inseparably, to the anterior surface of the trachea, just above its bifurcation. The coats of the sac were entire.

*Abdomen.*—No lesion, of consequence, of any of its viscera.

The heart and aorta, with the adherent trachea, were placed in the Pathological Cabinet of the Louisville Medical Institute, where they may be seen.—*Dr. Bayless' Hospital Reports in Western Journal of Medicine and Surgery.*

#### FOREIGN.

*Practical Observations on the Diseases of Peru, described as they occur on the Coast and in the Sierra.* By ARCHIBALD SMITH, M. D.

I.—DISEASES OF THE COAST CONTINUED.

*Diarrhœa.*—Among the diseases which daily require the anxious attention of the Lima prac-



tioner, are diarrhœa and dysentery. And these diseases are at no season more likely to occur in an untoward form, than during the winter months, after the mists and cloudy weather have fairly set in.

When the fine weather of summer is prolonged throughout a considerable portion of autumn, the inhabitants of the coast still continue the light dresses, as well as evening walks and promenades to which they are used in summer; yet, from sunset to sunrise, they no longer breathe the warm breezes of the preceding months, but a cool, damp, and penetrating air.

During the hot sultry months the Limenians very generally indulge in the custom of resorting, especially early in the morning and at night, to the Palace or Cathedral Square, to refresh themselves with cooling beverages, of which a great variety is sold there. But when this custom, which is as safe and agreeable as it is cheering and sociable in the summer time, is continued after the season has changed, and when the night and morning air has become cool and damp, its effects are often injurious. Diarrhœa is one of the commonest disorders which occurs under these circumstances. And as conducing to this disease, when it prevails among the fair sex, I must not omit to advert to their passion for having their feet look exceedingly neat, by wearing the finest shoes and stockings. For these are very unsuitable for walking the streets of Lima with in time of *Garua*, or hazy and drizzly weather.

During winter, especially in the months of July and August, many persons are affected with vomiting of pure bile, and others with frequent liquid stools of hot and acrid quality, or with bilious diarrhœa, combined with more or less nausea and vomiting.

At this season, too, micturition is sometimes troublesome and frequent, more particularly with those travellers who have just arrived from the warm and dry inland valleys. They are so affected from the sudden transition of climate, and just in proportion as the transpiration from the surface of the body is checked. These ailments of internal congestion with augmented secretion, which may be traced to the external agency of cold and humidity as a general cause, are daily removed, because the balance of the circulation is restored, in a great majority of instances, by such means as open the skin, and keep up diaphoresis. But I may remark, that giving iced drinks, with a view of restraining the excessive secretion of bile, in the cases of bilious derangement and disturbance of the alimentary canal, which so often occur in the wet season, is not safe as a general practice, especially in persons of weakly constitutions, in whom a healthy reaction may not be readily induced. Cooling beverages and ice, indeed, are highly approved and recommended by daily experience, in the bilious disorders of the warm and dry season; but it should be remembered

that then the nervous and vascular systems are too much stimulated by atmospherical heat, and the dermal capillaries are so particularly active, that iced drinks are not merely borne with safety, but freely used with great relish and comfort.

The exciting causes of diarrhœa are so numerous, that, even without any special regard to the season of the year or state of the atmosphere, the disorder may be daily traced to a great variety of other sources. Frequent liquid alvine discharges are often occasioned by the irritation or inflammation induced in the surface of the mucous membrane of the intestines, by fruit of various sorts, and in different stages of maturity; different articles of food, which are often voided in a half-digested state; and I may also mention the presence of worms in the bowels. Some chronic and very obstinate forms of diarrhœa are sustained by an ulcerated and thickened condition of the mucous membrane of the colon and rectum. I have seen severe cases of this character, in which relaxation of the *sphincter ani*, accompanied with a protrusion of the rectum, took place, as often as there was occasion to go to stool.

As diarrhœa is one of the most common diseases on the coast, and, at the same time, one of no small danger when neglected or mismanaged, it may be convenient to detail the appearances under which, in cases of this nature, the alvine discharges usually present themselves. In this manner some idea may be formed of the nature and seat of the morbid causes which induce the various modifications which I shall endeavour to point out.

I specify, 1. *Diarrhœa distinguished by an increased mucous discharge.*—This is a common modification of the disorder, which indicates a catarrhal affection of the intestinal mucous membrane. It is rarely attended with any serious disturbance of the circulation or general system. The tongue is whitish, and often clammy; the pulse not much affected. The attack comes on with some chilliness or feeling of cold, often referred to exposure to night air. Those who are thus indisposed rarely require the help of the physician; for such slight disorders of the bowels are commonly removed by general warmth, rest, pediluvia, farinaceous diet, and diluents.

2. *Diarrhœa marked by a dry skin and thin serous stools.*—In this form of diarrhœa, the tongue is furred; the pulse considerably quicker than usual; appetite impaired; skin dry; the stools frequent, dark, fetid, and serous. I have observed cases of this kind occur in the misty or wet season, when it was found difficult or impossible to restore the skin to its naturally soft and perspirable state.

Absorbent medicines, aperients, and warm-baths, mitigate the symptoms of this disease; while, on the other hand, opiates and astringents are apt to cause tension of the abdomen, and aggravate the complaint. And these re-



medies are found to prove injurious in proportion as they restrain the intestinal secretion, which may be considered as vicarious of that of the skin. When medicines fail to correct this affection in Lima during winter, a visit of a few weeks to Chorillos should be recommended; for, in this favoured locality, the climate during the wet season is so benign, that it naturally tends to restore the proper balance of the circulation, and will often render the cutaneous vessels and excretories easily acted upon, by the application of those very remedies which, in Lima, might be long and sedulously used without success.

3. *Diarrhœa characterized by deficient biliary secretion.*—In strongly marked instances of this kind of diarrhœa, the most striking symptoms are, white evacuations, which are frequent and troublesome in course of the night; a dry skin; loss of appetite; depression of spirits; and, in protracted cases, general wasting of the flesh. Disorders of this character are more frequently met with in the chronic form. In every instance which came under my notice, the remedies used, with perfect success, were common aperients, and the immersion of the hands or feet for twenty minutes, or half an hour, morning and evening, in the nitro-muriatic acid bath.

4. *Diarrhœa characterized by an augmented biliary secretion.*—This is the modification of diarrhœa with which, above all others, the people of Lima are familiar. We have already seen that it is prevalent during the winter months; and in spring, when the sun shines forcibly in the middle of the day, one may complain of feeling chilly, and then some uneasiness is felt in the bowels; the tongue is foul; anorexia, perhaps nausea or bilious vomiting, take place; and slight headach, with some alteration in the pulse, follow. A call to stool comes in the train of the above symptoms, and relief is obtained from much griping by voiding several stools of a dark, fetid, and feculent appearance, mixed with a thin, yellow, frothy, and bilious discharge.

In the warm and dry season, we find the patient who complains of disordered bowels, which he attributes very often to immersion in the cold bath, with a white tongue, especially in the morning, affected with either drowsiness, general languor, and a distaste for food; and in the course of the day, some griping is felt, and soon followed by two or three loose stools. These evacuations are sometimes of a rhubarb colour; more generally of the colour of yolk of egg; often frothy, and voided with a sensation of scalding heat.

Cases like either of the above are usually treated very successfully by farinaceous diet, starch enemata, and as common drink, linseed and mallow water, sweetened with syrup of gum-arabic, or, two or three times in course of the day, a glassful is taken of an infusion made of tamarinds, linseed, roses, and mallows, in

common water sweetened with syrup of roses. Perhaps the state of the bowels may require a purgative, in which case manna with rhubarb, made into a beverage with sugar and water, usually called *angelica*, is found to answer very well in most instances; for in these cases the remedial means are generally simple.

Disorders of the liver being very prevalent, hepatic patients are sometimes seen in Lima, who hardly ever perspire in summer or winter. They suffer habitually from a painful sensation of heat in the region of the liver, extending to the shoulder, or interscapular region. The tongue is furred, of a dirty white appearance. They endure but very little covering by day or by night; and they say that even their ordinary clothing is troublesome to them, by increasing the heat, or "ardor," which they always experience in the affected side, as well as between the shoulders. And though it is evident that, in such examples, the liver is seriously in fault, yet we may not be able to detect any palpable alteration in the structure of this organ, or any induration, unusual sensibility, or tumefaction, in any part of the abdomen.

Chronic ailments of this nature are alleviated by warm baths in the wet, and cold baths in the dry season. But persons who are affected in this way are obliged to observe a careful regimen, and are peculiarly subject to attacks of diarrhœa. At one time the motions are sanguineous, with or without a considerable portion of mucous matter; at other times, the evacuations are not sanguineous, but as yellow as broom blossoms, or as green as the clover leaf.

I have witnessed some cases in which the motions were copious, and quite of a bilious appearance, accompanied with dull pain at liver, a white and furred tongue, but without much of a febrile pulse.

Cases of this character, which are obviously sustained by great disorder in the functions or structure of the liver, are sometimes benefited by local bleeding and blistering, with bland diet, and laxative aperient remedies; or they may require the application of mercurials, aided by the warm bath; and, on many occasions, entire change of climate is required. In most instances, however, where we meet with a diarrhœa of long standing and hepatic origin, bleeding may be very well dispensed with, as the practitioner, on a review of all the circumstances, will be able to judge, and mercurial inunction may be safely and advantageously resorted to at once. And I may observe, that from the external application of mercury in the manner alluded to, aided by minute doses of calomel, I have witnessed the best results, in some cases of a chronic muco-sanguineous diarrhœa, when connected with the presence of a great many moveable tumours about the size of walnuts, situated within the abdomen. Both the tumours and diarrhœa disappeared as the



salivary organs were slightly affected by the action of the mercury.

The worst forms of diarrhœa met with in Lima cannot be enumerated under any one of the general heads above specified; for they are usually of a very mixed character. It often happens, that for some days the stools are entirely of a bilious aspect, and attended with very little alteration or acceleration in the pulse; but as these cases grow inveterate, they may pass into dysentery. And in other cases terminating in dysentery, the evacuations, for several days, or even weeks, consist of acrid matter of various appearance, or vitiated secretions of many colours, and more or less feculent quality; or, perhaps, yellow when voided, but soon becoming dark-looking on exposure to the air.

In those examples of diarrhœa, when the evacuations are of a mixed character, of a bilious and yet somewhat slimy and ropy appearance; of a greenish colour, and as many as seven or eight daily, the natives take alarm lest the disorder should end in real dysentery. The women more particularly are most observant of these signs of approaching danger; for from their childhood they are taught to watch, when in any degree indisposed, the appearance of the egesta, from which they are accustomed to infer what it may be safe for them to eat. One of these women, who is accustomed, when in health, to eat of every thing that she fancies, or comes in her way, is no sooner affected as I have just described, than, first, she starves herself, and then sends for the physician. She tells him, probably, that her illness has been coming on gradually for some days before; that since its commencement, she has carefully denied herself every kind of food, except a little "alagueta de mais blanco," or gruel of white maize meal, alternated with the standard drink on such occasions, an infusion of roses and linseed, slightly sweetened with the azucar rosada, or rose sugar. So much apprehension and caution on the part of the experienced natives, show better than the most elaborate discourse could do, the acknowledged common tendency of such ailments.

Mental affections, and disturbed states of mind, have often a remarkable share in producing various degrees of deranged digestion.

In some instances we find that depressing passions of the mind disorder the functions of the liver, debilitate the stomach, give rise to indigestion, and hence induce diarrhœa; and that at other times, the exciting passions, as anger, cause very great disturbance in the bowels. Thus it is curious to observe how frequently bakers are subject to disorders of the bowels in Lima.

This is a class of men whose temper is incessantly tried, and often fretted in course of their daily avocations. The bake-houses are used as a kind of penitentiaries, or places of temporary penance and chastisement, wherein

delinquent slaves are employed at hard labour. With these the bakers have to contend in the character of task-masters; and hence the conflict of opposing interests and passions, which renders the slave sullen, and keeps the overseer in a state of constant disquiet. Nor is it the baker alone who exhibits the effects of the mind over the body; for persons of every class and occupation on the coast, whose dispositions happen to be quick and choleric, are peculiarly prone to diarrhœa. It is therefore a very general custom with such people to endeavour to counteract the known tendency of their irascible emotions, in altering the condition of the intestinal secretions, increasing the biliary secretion, and disturbing the bowels, by taking as preventives ices, and iced pine-juice in particular; by means of which, in hot weather at least, they are really refreshed, and relieved for a time. In ordinary examples, where diarrhœa is habitually induced from certain disagreeable states of mind, other exciting causes may also have a share in producing the same effects, as errors in diet, or too much bodily exercise, and frequent exposure to the sun. In bakers in particular, whose duties at certain hours consign them to the annoyances within doors, and, at others, oblige them to ride about a great deal in the sun, I have observed that they were often relieved of very severe attacks by their own popular remedies, viz., tepid, mallow, and aperient drinks, or whey with manna and tamarinds, and other emollient and soothing means in current use, as warm baths, cataplasms, unguents, and enema.

But when the diarrhœa continues in spite of these or other means, timeously tried, and is known to be kept up by the operation of moral causes preying on the mind, then we may expect to observe pyrexia come on, with more or less tenesmus; and, perhaps, the belly may at some point feel tender to the touch. Now the evacuations, whatever may have been their original character or appearance, begin to show some traces of blood, become less free and copious, but oftener repeated, and are, in this state, what the natives denominate "Picando in Bicho," that is, merging into an established dysentery.—*Edinburgh Med. and Surg. Jour.*

#### M. GENDRIN ON UTERINE HÆMORRHAGE.

*Utero-Placental Hæmorrhage.*—This is the term used by our author to designate that uterine flux which occurs or may occur during the period of childbearing and childbirth. The whole subject is carefully considered, and some points brought out in a more salient position than is usually met with in books; still the vices of composition, apparent in the preceding chapters, are not omitted here. There is the same prolixity of detail and a similar intricacy of method, the former exhausting all patience, the latter destroying all simplicity and clearness. We shall cull the facts for the rea-

der just as they occur, page by page, utterly despairing of bringing those which would serve mutually to illustrate each other into one point of view.

According to M. Gendrin, the physiological conditions of the uterus during gestation are favourable to flooding, inasmuch as there is not only a natural congestion but also a natural hæmorrhage in the interchange of the molecules of blood between the maternal and fœtal systems. Hence the frequency and the importance of the accident. The symptoms and the results on the frame are always of the same kind in every species of "utero-placental" discharge; but there are great differences as to the mode of manifestation and the succession of the phenomena in each—varieties which hinge chiefly on the fact as to the connexion between the ovum and the uterus. This connexion may either be normal or abnormal; the former when the placenta is attached to any portion of the uterine walls but the cervix, the latter when the placenta is implanted on the cervix.

**A. HÆMORRHAGE WITH NORMAL IMPLANTATION OF THE PLACENTA.**—This occurs most frequently before the twenty-fourth week of gestation, and generally coincides with the epoch at which the woman would have menstruated had she not been pregnant. This last remark of M. Gendrin is fully borne out in our own experience, and is strongly recommended as a basis of action. The precursory symptoms of discharge are those of uterine "hyperæmia," heat, fulness, and spasm of the womb, and sympathetic irritation of the bladder, kidneys, and rectum. The development of the muscular fibre of the uterus lays the foundation of spasm of that organ, and deceives the woman into a belief that the motion felt internally is attributable to the movements of the child, which, as M. Gendrin justly observes, is from its gelatinous state incapable of such action. These spasms soon become painful, and are accompanied by erratic flushes of heat and cold. After a few days the flux of blood is ushered in by weight of the loins and small of the back, feebleness, and fever. In severer forms there is great inequality of the circulation and even syncope; and usually in advanced pregnancy inordinate movement of the child. The blood may appear either externally or be concealed within the womb. This is a most important distinction as to practice.

1. *In external or open hæmorrhage* the blood may flow continuously or in interrupted jets, accompanied by grinding pain in the hypogaster and loins. With these pains an early ovum is rapidly expelled; but a longer period is required in a more advanced state of pregnancy. To this general description we would add a practical point for the junior practitioner: if there be flooding alone, or pain alternating with ease alone, abortion does not necessarily take place; but if there be both discharge and intermittent

pain, the chances are that the ovum will be expelled. It is always to be wished that the whole ovum should be expelled at once in early gestation. A small portion of placenta or membrane left in the uterus will excite a flooding which, even at the third month, we have in more instances than one known as deeply affecting the actual and the future health of the sufferer. If the hæmorrhage does not cause expulsion of the ovum, it may still determine its death; a knowledge of which fact we can acquire with greater certainty in proportion to the advanced state of gestation. At all periods, however, there are symptoms the presence of which lead to the inference of suspended gestation; these are—1, the disappearance of those symptoms which had hitherto accompanied pregnancy, such as sickness, &c.; 2, cessation of development in the breasts and abdomen; 3, irritative presence of fever, marked by a feeble, hurried, unequal pulse, sunken features, tarnished skin, disordered hepatic function, and diarrhœa; 4, the uterus is flabby, the fœtus motionless, and not easily moved by the impulse of "ballotement." These cases are very troublesome, from the perpetual anxieties they cause both to patient and practitioner. They rarely go to the full time, yet occasionally they do. The labour is not, however, more liable to hæmorrhage, although the puerperal state is to its worst fever, than where the abortion takes place at once. The worst examples, however, in our own experience occur in twin cases, where one of the children has been blighted some weeks previous to birth.

2. *Latent or internal hæmorrhage* during gestation is much rarer than external or open flooding. The author speaks of its occurring frequently in the early months of pregnancy; and the general tenor of his context would lead us to believe that it then was similar in its march and effects to internal hæmorrhage in the later months of childbearing. Such certainly is not the fact. The uterus before the sixth month is rigid, indistensible, and incapable of holding so much blood as to endanger the life of the patient; and very rarely or never, but in the extremely feeble constitution, does the latent hæmorrhage cause the specific danger of an internal and concealed flooding. In a more limited sense, however, we agree with M. Gendrin when he classes under latent hæmorrhage those effusions of blood which take place in the placenta or the uterine membranes, giving rise to subsequent abortion and the death of the fœtus. These are similar to those effusions into the lungs of adults known as pulmonary apoplexy, and affect the immature organism by means analogous to the process of destruction in the mature one, viz., in speedily destroying life by impeding the vital changes of the blood.

The symptoms of latent utero-placental hæmorrhage shall be given in the author's own words:



"The primary symptoms of latent hæmorrhage are precisely the same as those characterising the open flux; nevertheless, the lumbar pains are severer and seem to threaten the expulsion of the ovum. There is at the same time a sense of general discomfort, feebleness, cold sweats bedewing the temples, chilliness, and such a tendency to fainting that the patient often is thrown into a continuous state of 'demi-syncope,' in the midst of which, nausea or vomiting produces complete prostration. These symptoms are variable as to duration, but they rarely last longer than four or five hours, and still more seldom do they flow in one uninterrupted course of increasing intensity, but are broken by intervals of remission, during which the patient suffers only from debility and general discomfort. The face, however becomes paler and the pulse more feeble." (p. 172.)

The symptoms are often less urgent, and recur at intervals of six or eight hours, each paroxysm being preceded by a repetition of those lumbar pains, those tremors, &c., which formed the precursory signs of the first attack. If the blood extravasated into the womb be in a certain quantity, it may become sensible to the external touch. Levret, J. Hopff, Leroux of Dijon, Baudelocque, have severally felt an accessory tumour jutting out the uterine walls.

M. Gendrin notices the union of sensible and latent hæmorrhage, under the designation of "demi-latent," for the purpose of stating that the expulsion of the ovum is generally in such cases certain, and accompanied, during the whole process, with a discharge, entailing on the constitution the effects of an abundant flooding.

If, in spite of these discharges, pregnancy persists, the fœtus may remain in utero, as a foreign body, causing a valetudinary state of health, characterized by symptoms of incessant impending abortion: or there may be a gradual increase of the volume of the uterus, dependent on a chronic latent hæmorrhage, when all the rational signs of pregnancy have ceased with the blighting of the fœtus. In these instances, the limbs become anasarcaous, the digestion difficult, the body enfeebled and meager, the bowels relaxed, the urine scanty, and, finally, hectic fever sets in with a tendency to fainting. This state of things may endure up to the full period of gestation, bringing the patient to the brink of the grave by their exhausting influences. The placenta is found to be, in every instance, larger than in natural labours, its increased bulk being dependent on blood which has become imbedded and entangled in its cellular texture; and with this mass a large quantity of grumous fluid is usually expelled. These labours are less subject to subsequent hæmorrhage than any others, a fact quite accordant with our own experience, and one explicable by that *chronic disruption*

of the utero-placental bonds, which affords sufficient time for the vessels of the womb to retract and become obliterated.

There are cases of a fatal termination to latent hæmorrhage. Some of these M. Gendrin has narrated, and they are well worth attention; indeed the whole subject of latent, or, as we term it, internal hæmorrhage, is not sufficiently known in all its bearings in this country, although it is by far the most difficult and appalling of the more serious complications of gestation.

"A woman who had remained in the clinic of a private teacher two days was brought," says M. Gendrin, "to our hospital, for pains which seemed to announce labour. She was in her seventh month of pregnancy, and hitherto had not experienced any untoward symptom. The pains were slight, and occurring at distant intervals. In order to hasten birth, ergot was given, but without effect. On the second day, all the symptoms of loss of blood being present, she was brought from the private clinic to the hospital. The abdomen was soft, the uterus reached to the epigastrium, its os was closed, and neither the beat of the fœtal heart nor the placental murmur could be heard with the stethoscope. The patient expired in two hours. The ovum was found enveloped in a mass of blood, partially coagulated. The placenta had been torn from its uterine connections by coagula, which covered two-thirds of the upper part of the chorion. A zone, of about three inches in breadth, of adherent chorion, formed a dam between the clots and the uterine orifice. The placenta was infiltrated with blood. The liquor amnii was slightly red. The fœtus appeared six months old, and exhibited no trace of decomposition. The umbilical vessels, veins, and arteries, were distended with coagulated blood." p. 180.

In another instance Albinus found the central portion of the placenta pouched out with blood, which had nevertheless not destroyed its marginal uterine adhesion. We are acquainted with an example in which the patient was seized at the seventh month of pregnancy with constant faintings and all the symptoms of internal hæmorrhage. Delivery was forcibly produced, and the amnion was found filled with coagula. In our own experience these dangerous forms of latent hæmorrhage, prior to the ninth month, are rare. They are seldom wholly internal in early gestation; seldom, therefore, do they put the practitioner in doubt as to the course of action requisite to save his patient. Where the flooding is concealed, it is of the greatest moment to arrive speedily at a knowledge of the fact. But how is this to be done amid the tumult of anxieties which, in these disastrous examples, spring up in the lying-in chambers to perplex the practitioner? We have been accustomed to watch with extreme care the state of the respiration; for unless the gush be at once immense and sudden (a rare



case) the lungs exhibit the effect of flooding, before the brain gives way or the pulse alters much. The long-drawn frequent sigh, the repeated indraughts of air which take place in incessant yawning, prove that the balance between the lungs and the heart is disturbed, and this alone has often induced us to linger at the bedside to ward off a hæmorrhage which we knew by these signs had already begun. And let it be remembered that these early moments are those on which health and life hang. The uterus is yet full of contractile power, and readily reacts now; while a few enlarged gushes, unrestrained, exhausting irritability, render hæmorrhage a cause of additional flooding.

Among the earliest symptoms, then, of loss of blood is some unusual state of respiration; and in an interval, (whose length is modified by the velocity of the flux, its quantity, and by the previous constitutional state of the patient,) the pulse begins to falter, and the brain to become dizzy with faintness.

3. *Flooding during labour.* The remarks and details of the author are here neither many, important, nor new. In one form of this complication the blood issues externally, and the labour is not suspended. The placenta, on separation, is found to have an adherent clot attached to it, thus pointing out the spot of disruption. In a case of Mauriceau's, the coagulum was of the size of two fists. In other examples the labour is suspended by the grave effects of the loss of blood. In a third form the flow ceases to be visible; but, nevertheless, is accumulated within the womb, which first does not contract, and then becomes soft, distended, and flaccid, amid all the signs of hæmorrhage already noticed. In all these varieties of flooding, the infant may be affected; and in some, respiration after birth is established but slowly, unless the labour shall have been rapid. In proportion to the advance of gestation is the danger of the effects of flooding. It is rarely fatal before the sixth month. Many, however, remain long enfeebled when the drain has been excessive; the slightest disorders become serious, while some, says M. Gendrin, become prone to uterine congestions, menorrhagia, and to its consequences, frequent abortions.

B. HÆMORRHAGE, WITH ABNORMAL IMPLANTATION OF THE PLACENTA.—M. Gendrin has the following observation in the very second paragraph of this chapter: "So long as the dilatation of the uterus is confined to its body, that is, from the first to the fourth month of gestation, abnormal implantation of the placenta is unattended by any accident." Now, admitting, with a few authorities, that even from the commencement of pregnancy there is something like a placenta, still the traces are such mere sketches, that the majority of observers have always stated that this organ is non-existent till the third month; hence it is not the want of dilatation of the cervix uteri

previous to the fourth month which can be said to prevent flooding. The period at which, in our own experience, we have most often noted its commencement, is after the seventh month. We have never known it as early as M. Gendrin says, viz., after the fourth. In a few instances we can corroborate his statement of the flooding beginning only with labour at the full time. We can also bear our testimony to the fact, that the placenta is not implanted, centre for centre, over the os, in the majority of cases. A lobule, or a portion somewhat larger, edges over the funnel-shaped cervix uteri. The two most remarkable signs which we would notice are the existence of the first gushes, unattended by uterine pain, and their occurrence independent of any assignable mechanical cause. In several instances the flooding has occurred at night when the patient was asleep. The subsequent course of placental hæmorrhage is marked by intermissions of a fortnight, then a week, and ultimately by incessant slight discharge, with occasional slight gushes. The fœtus is always in jeopardy and often is killed; but we have no experience as to the assertion of M. Gendrin, (p. 193,) that the flooding ceases as soon as the child is dead, and that labour takes place after this event: we, however, doubt its justness.

Besides the indication furnished by hæmorrhage occurring at shortening intervals, without apparent cause, during the latter months of gestation, the os uteri does not, previous to real labour-pains, differ much, judging by the touch, from the natural state. It is, perhaps, more "cushiony," but the head of the fœtus is not felt; still this negative sign may be the result of some other presentation of the fœtus. With labour-pain, however, the case is cleared up; the dilatation thence induced permits us to feel the spongy placenta, and to become sensible of the cause, which, indeed, was readily to be inferred from the gushes of blood coinciding with uterine contraction, and ceasing in part with uterine relaxation. Fortunately, uterine contraction in these miserable cases is almost invariably slow, while the dilatability of the lower segment of the viscus is usually facile. No one need be reminded of the extreme danger, both to mother and infant, in these cases. But there are others where, although the placenta be abnormally implanted, still the hæmorrhage ceases, and labour proceeds naturally. The fact noted by M. Gendrin we have also observed, viz. that all the signs of "placenta prævia" may have existed during the latter portion of gestation, and yet the labour terminate quite naturally. A portion of the placenta has become detached, and a reparative process has closed up the open-mouthed vessels so as to preclude further bleeding: such is M. Gendrin's explanation in the cases to which we allude. We have found the cessation of the flux to have been dependent, during labour, on pressure of the child's head on the flap of pla-



centa. Wigand (*Geburt. des Menschen*) has given us six or eight examples of genuine placenta presentations treated by plugging, in every one of which the labour was effected naturally, and without any the least dangerous hæmorrhage.

The following extract is a recapitulation of the appearances produced by hæmorrhage on the ovum:

"1. If the hæmorrhage be slight, one or more deposits will have taken place; the placenta, preserving its natural texture and development around them.

"2. If the hæmorrhage be so considerable as for the blood to have become infiltrated into its whole substance, disorganizing it, this viscus and the fœtus are converted into a foreign body. The latter being killed becomes atrophied, dry, and diminished in size, and suspended in a mass of stratified blood. Sometimes the internal flux continues slowly, in which case the placental mass enlarges, by addition of fluid, and ultimately is expelled in the form of a spongy body, penetrated and surrounded by a great quantity of liquid blood.

"3. If the hæmorrhage be rapid, coagula surround the ovum, and sometimes lacerate the placenta and membranes, and in a short time the mass is expelled." (p. 210.)

The quantity of blood which may be poured out on the centre of the placenta without detaching its edges from the uterus, we have seen, in the case of Albinus, to have been sufficient to cause death. M. Gendrin quotes another remarkable case of the same kind.

"A woman, thirty-six years of age, the mother of many children, and in her eighth month of pregnancy, had a violent cough and fever. Being seized with labour she sent for the midwife, who, after twelve hours of travail, saw her patient fall into the most alarming state. M. Delaforterie was sent for, but arrived only after her death. He instantly performed the Cæsarian section with every requisite precaution; and on opening the fundus uteri witnessed the escape of a gush of blood, which he estimated at three 'chopines' at least. This fluid left a large pouch between the placenta and uterus, into which M. Delaforterie, on introducing his hand, was satisfied that the placenta had preserved its natural marginal adhesions with the womb. The fundus of the latter organ exhibited no trace of rupture. There was no blood in the vagina; the uterine orifice was little dilated. The child, though extracted alive, lived only a few seconds." (p. 211.)

The extent, however, of this extravasation, must be considered as remarkable as its mode of inclusion. Usually, says M. Gendrin, the clots imbedded in the placenta are small, seldom exceeding in bulk a pullet's egg; oftener they are smaller, and interspersed over the placental surface. They are of a yellowish-gray colour, solid, and, as it were, fleshy; they are, he adds, very common, and would have been

oftener noticed were not the examination of the placenta habitually neglected. Their smallness accounts for the safety of the mother, while their presence will explain the debility of the fœtus in many instances, and the atrophied state of the organ, at once impeded in function and restrained in bulk. We would strongly recommend these observations to the reader. Nine-tenths of the abortions are produced by the effects of a disordered utero-placental circulation. We believe, however, that the yellowish-gray masses, described by Gendrin, are, in some instances at least, a disease of the placenta itself, independent of effusion. Such placenta we have repeatedly examined, and found all those changes going on which are visible in the conversion of cellular membrane into bone: in one part, perhaps, a little thickening, in another a yellowish cartilaginous texture; in a third spiculæ, which feel like bony texture. We need not add that in such examples the after-birth has been adherent, and the child ill-nourished.

In these effusions of blood into the placenta, M. Gendrin remarks that the liquor amnii is usually reddish: and the infant what is termed blighted; and though retained in utero, its arrestation or death is usually coincident with the first symptom of hæmorrhage. These observations tally with our own experience.

With regard to the lesions observable in the placenta where that organ has been implanted on the os uteri, M. Gendrin has dissected, since the year 1824, forty-two such examples. The following observations merit great attention; we must, however, abridge them:

"If the placenta is implanted only in a small extent over the os uteri, the portion so engaged is as friable as the spleen, but looks like the lungs when thrust by pleuritic effusion against the vertebral column. The spongy tissue is obliterated and rendered homogeneous by blood incorporated with it. This, the simplest alteration, is observed only when the hæmorrhage just precedes or even accompanies the expulsion. In cases where the flooding has occurred at distant intervals, there is a larger segment of placenta implanted, and the alterations are various in three points, viz., 1, the centre; 2, the intermediate zone; and 3, the outer margin of the organ. The central portion is condensed, homogeneous, granular, grayish-yellow in colour, readily friable, and intersected by white filaments, which extend in ramifications to the uterine surface, but are lost in the yellow layer; which does not present, throughout its thickness, a single point of redness. In the midst of the homogeneous tissue small reddish-black clots are seen, usually in great numbers, not separable from, but confounded with its substance. These small clots ordinarily penetrate to the chorion. The surface of the placenta, in these altered portions, presents white spots of a few lines diameter, having the aspect of those tuberculous deposits found on the peritoneum.



The intermediate zone of placenta is red, with coagulated blood infiltrated into, and incorporated with its texture. It is much softer and more friable than in the healthy organ. Its homogeneous appearance is broken up by cysts of blood of varying depths. The exterior zone has the same aspect as that described as exhibited in partial implantation of the placenta." (p. 217.)

From this description M. Gendrin concludes that the lesions mark the epochs of hæmorrhage, the central zone being the result of the earliest. The other lesions depend on ruptures produced either by the uterine expulsive efforts, or those incident to extraction by the accoucheur.

M. Gendrin ascribes the hæmorrhage "unavoidable," as it is termed, not to separation but to rupture of the placenta from the uterus. The alterations into the yellowish-gray matter just noticed is a process of reparation by means of which, as already observed, the flooding of the earlier months is stayed during the latter; and the labour, though a placental one, is not necessarily hæmorrhagic.

*Causes of utero-placental hæmorrhage.* Pregnancy, by establishing a natural congestion in the uterus, must of course be regarded as the predisposing cause of the flooding which often attends it. Menstruation, too, or the habit thence induced, is another; and we have before assented to M. Gendrin's remark, that the floodings of gestation coincide, for the most part, with what would have been in the unimpregnated state a menstrual period. Besides these, there are certain temperaments which predispose to uterine bleeding: 1. The sanguine: marked by a powerful circulating apparatus. 2. The lymphatic: characterized by a languid transmission of the blood by means of a feeble heart and arterial system, by a great development, on the other hand, of the capillaries, and by a large though feeble frame. 3. The nervous: fragile in form, pale in aspect, but full of pains which flit from organ to organ: these women, for the most part, are subject to irregular uterine gushes, from extreme uterine irritability.

Mechanical causes acting on the uterus, it is well known, will produce flooding; but there must be a predisposition to it, judging from the numerous examples in which the concussion does not end in discharge. Nevertheless, Smellie has noted this result as succeeding violent vomiting; Van Swieten, sneezing; and others have remarked a similar effect as resulting from the spasms of an hysterical fit.

Moral impressions of a violent or intense kind, whether exciting or depressing, doubtless must be accounted as frequent and effective occasional causes. (To be continued.)

*Remarks on Collapse occurring during the treatment of Acute Pneumonic Diseases.* By WILLIAM KERR, Surgeon, Corresponding Mem-

ber of the Medical and Physical Society of Calcutta.—The object of the following remarks is to call the attention of the medical public to a dangerous train of symptoms immediately succeeding, in some instances, the inflammatory stage of pneumonia and pleurisy. In those to which I allude, a state of sinking suddenly and unexpectedly occurs within a day or two after the removal of the pain, when the patient is much easier, and apparently about to be, in a short time, restored to health. The cases which I shall relate, were not originally intended for publication, and probably would never have been printed, had I not found, from conversation with several gentlemen of considerable celebrity in the profession, that they were ignorant, not only of the treatment, but of the occurrence of the above dangerous attendant upon acute pneumonic complaints. With this apology for cases which do not possess the copiousness of detail I could have wished, I proceed to relate them, hoping that they may at least serve as guides till farther and more minute observations are made.

I. A message was sent to me one evening in the end of March, 1836, requesting a visit to a very respectable and temperate-living weaver, fifty years of age; but, owing to other engagements, I was unable to see him till next forenoon, when I found him complaining of severe pain in the right side of the chest, preventing him from lying in the horizontal position in bed, and aggravated by inspiration and coughing. He said that he had been very ill all night, and wearied very much to see me. The pain had come on some days previously in consequence of cold, but had not acquired much severity till twenty-four hours before my visit, about which time cough commenced. I immediately opened a vein, and abstracted sixteen ounces of blood with such great and immediate relief, that I flattered myself that the disease was subdued. I gave a dose of calomel, which I happened to have with me, and paid attention to secure a comfortable warmth of body, a flannel jacket being put on, and a small jar filled with hot water laid to the feet.

Next day, the pain having returned during the night, I again bled him to the extent of sixteen ounces, with immediate relief. However, in a few hours, there was a return of pain, but in a very mitigated degree, for which a blister was applied. Next day he was better, though not free from pain; next again, he was so well that, on entering the house, I found him its only inmate, his wife having gone out for a short time, thinking that he now required little attention. Previously to this day, his breathing during sleep was always oppressed, but it had now become easy. During the whole illness, however, he had little sleep. On the succeeding day, the fifth of my attendance, to my astonishment, I found him much worse, his pulse frequent, and his manner abstracted, like that of a patient in typhus fever, to which dis-



ease the symptoms now bore a strong resemblance. In the evening he began to be incoherent. Next afternoon, he was quite insensible, and unconscious of being in existence. Bewildered with symptoms which I did not anticipate or comprehend, I knew not what to do, and in twenty-four hours he died.

2. On the 2d of August, 1836, I was sent for in haste to visit a farmer, of most exemplary and temperate habits, fifty-eight years of age, who had gone that evening to drink tea with another farmer, fully more than a mile from his own house. After tea, while walking in the fields with his friend, he was seized with pain in the left side of the chest, which was so severe that it was necessary to convey him to the nearest house, where I found him awaiting the arrival of a carriage. The pain soon abated very considerably, and on his way home he expressed himself as being much better. On getting to bed care was taken to clothe him in flannel, and to apply bottles or small jars filled with hot water. Notwithstanding these, however, the pain suddenly became violent; it was not accompanied with cough, but it rendered inspiration or the slightest movement of the body very painful, and prevented him from lying on the affected side. I now opened a vein, but the result of last case having made me timid, I abstracted scarcely a soup-plateful of blood, with very little mitigation of the pain. To remove the remainder I gave a dose of opium, which was repeated during the night, but without benefit. His bowels were kept open by purgatives and enemata. Two sinapisms and a blister were applied likewise inefficaciously, and he died about eighty-four hours from the commencement of the illness. About a day or rather more before death the pain somewhat abated, but the breathing became more frequent, and the oppression greater. From the commencement of this period, he expressed a wish to be allowed wine, in which he was indulged to the extent of three or four wine-glassfuls. Incoherence was at no time present. During the whole illness, though slumbering occasionally from the few doses of opium administered, he could not be said to sleep. On the day of his death he was able for the first time to lie on his left side, and imagined himself to be better.

3. On the 17th of June, 1837, I was sent for to visit a farmer, forty-one years of age, of temperate and steady habits, and previously in good health. I found no decided symptom of any complaint. He felt himself unwell, his body generally pained, and his appetite bad. These he attributed to cold caught two days previously, by standing still in the evening air without his coat in a state of perspiration from hard work, talking for a considerable time to a friend. I caused him to take a purgative, to put on a flannel jacket, and to go to bed with a jar filled with hot water at his feet. Next morning a messenger was sent to inform me

that severe pain in the lower part of the left side of the chest had come on during the night. I directed one grain of opium to be taken, and a mustard cataplasm to be applied immediately. Two hours afterwards I visited him, and found that he was not in any measure relieved. The pain in the chest was severe, preventing free inspiration, and obliging him to lie on the opposite side, and was attended with cough, by which it was greatly aggravated.

Suspecting that in the last case the inflammation had never been so completely subdued as it should have been, owing to timidity in taking away the requisite quantity of blood, and that, in the first case, I had possibly taken too much, I began to be of opinion, that the fatal sinking which so unexpectedly followed the abstraction of blood might perhaps have been remedied, had stimulants been given freely whenever the change of symptoms appeared. I therefore determined in the present instance to put a stop, if possible, to the inflammation in as short a time, and with as little loss of blood as possible, and to give wine liberally, as soon as any degree of delirium should appear. Accordingly, I opened a vein, and abstracted nearly a soup-plateful of blood. Finding at the end of an hour that the pain was mitigated, but not removed, I re-opened the wound, and allowed more blood to flow till he had lost altogether twenty-four ounces. This abstraction of blood gave great relief, and after having waited for several hours, I left him, satisfied with the result of the treatment. Next day the pain was quite trifling, though still felt, and he was evidently much better. On the succeeding day, the 21st, the pain not being wholly gone, tartar emetic was given in small doses, but it having sickened him, he refused to persevere in its use. A grain of opium was given at bed-time to procure sleep. Indeed, since he began to be indisposed, he had slept ill. In the morning of the 22d, a purgative which he had taken operated six or seven times, and feeling himself, as he imagined, much better, notice was sent, at his request, that I might dispense with visiting him that day.

Aware, however, of the deceitful nature of the disease, I disregarded the message, and on my arrival found him complaining peevishly of the opium having produced a restless night, and uneasy dreams, and some of his expressions were decidedly incoherent. His pulse likewise was frequent. I now learned that since the evening of the 19th, he had talked incoherently when slumbering, and that since the same time, he had manifested a good deal of obstinacy and peevishness. He had had no appetite since the day of my first visit. I ordered a glassful of wine to be given at least every three hours, and gave ten drops of Battley's sedative liquor of opium, which I happened to have with me, to be repeated every six hours till sleep should be procured. After commencing this treatment, I left him for two hours, and on my



return, found the frequency of the pulse somewhat lessened. On the 23d, I was informed that sound sleep had not come on till after the third dose of sedative liquor, but that since that time he had slept with little intermission. He relished the wine, and had taken it as directed. This night he slept without opium; next day he was only slightly incoherent. By the 26th, he had some appetite, and swallowed a small quantity of beef-tea; by this time, too, he had little relish for wine, but the symptoms being greatly improved, it was not considered necessary to urge him to take much, and not many days afterwards, he ceased to take any. On the 1st July he was so much better, that I discontinued my attendance. For a long time after he began to go about, he had rather a feeble appearance, and did not regain his original strength till he had recourse to several glassfuls of wine daily for some weeks.

4 and 5. Besides those cases which I have now sketched, I have heard of a few of the same kind, in which the patients after having been bled with relief, sunk suddenly, and not long ago I met with two instances in which recovery took place in consequence of stimulants being freely given as soon as symptoms of sinking occurred, after the removal of the inflammatory symptoms by blood-letting. One was a middle-aged servant maid, in whom the primary disease was pleurisy, which was followed by a large abscess or empyema in the left cavity of the pleura, which ultimately burst into the bronchiæ. The other was an elderly gentleman whom I saw in consultation, and to whom wine was given in quantities of a wine-glassful every three hours, but not before the raving had terminated in very considerable insensibility. Wine, together with small draughts to procure sleep, and a well-aired room, had the desired effect, and a perfect recovery ensued.

I do not suppose that the sinking now described is confined to pneumonic affections, but possibly may follow other inflammatory diseases if the severity of the attack renders necessary the abstraction of a greater quantity of blood than the constitution can support. Several years ago I had charge of a case of enteritis, in which, owing to two severe attacks occurring in less than a week, I deemed the loss of a considerable quantity of blood requisite. Typhoid symptoms soon followed, and I not being at that time aware of the appropriate treatment, the patient died after having been incoherent, and latterly quite insensible.

16th May 1839.

Since the preceding remarks were prepared for press, I have met with another case in which, soon after blood-letting for acute pneumonic symptoms, sinking occurred, which was checked, and recovery produced by the prompt and liberal administration of wine.

6. In the end of May, a gentleman, 24 years

of age, was seized with pain the left side of the chest, which at first seemed to be of a spasmodic nature, and diminished greatly under the use of opium, and the application of warmth. Opium was required for three days, but on the fourth the pain was so much easier that he did not take any. On the fifth, he felt some pain in the left side of the chest, impeding coughing; at night this suddenly increased to such an alarming degree, that he durst hardly cough, and was obliged to lie on his back, having his head and shoulders considerably elevated; still the expectoration had no reddish tinge. Pulse 120.

This patient had for several years been confined with phthisical symptoms arising from disease in the right lung, and he had not till within a year or two recovered any measure of health. On this account scarcely more than ten ounces of blood were abstracted. The pain was immediately relieved so much, that he could lie in the recumbent position. The blood on cooling exhibited a buffy coat. Notwithstanding this relief he was through the night very restless and uneasy. In the course of the following day, opium was given to allay these symptoms, but with only imperfect success. Next morning, thirty-six hours after the blood-letting, learning that he did not enjoy above five or ten minutes sleep at once, and that he was incoherent for some time after he awoke, symptoms which occurred in the early stage of sinking in the other patients, wine was prescribed in quantities of a glassful every three hours. He was still not altogether free from pain in the chest, and the cough would have been very troublesome had he not taken opium. Pulse 126; there was considerable thirst, but the tongue was not dry. In the course of the day, after commencing wine, he was observed to sleep longer, and to be less incoherent on awaking. Next morning the pulse was 116; he relished the wine, and felt stronger. On the succeeding day the pulse was 104, and the incoherence gone; the wine was still relished, and taken in the same quantities. At the end of a week he was so much better, that the doses of wine were greatly diminished.

In the summer he went to the sea shore, where he became strong enough to walk out of doors daily. In the beginning of winter, cough became more troublesome, and he was under the necessity of confining himself to bed. Nearly three months ago, a small abscess formed over the original site of the pain in the right side, and was opened, when purulent matter was discharged, of the same appearance as that expectorated. This new outlet has been of much utility, for since it took place, the quantity of purulent matter secreted has progressively diminished, and is now so much lessened that the wound is nearly closed.—*Edinburgh Med. and Surg. Journal*, April, 1840.

Paisley, 9th January, 1840.